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Dini-Townsend State Psychiatric Hospital, Reno Nevada

Facts About The New State Psychiatric Hospital in Las Vegas Valley

Overview:

Acute Psychiatric treatment will always remain an essential core service around which a large array of community based outpatient services can be created. Because severe mental illness is cyclic and has recurrent exacerbations, community services can only maintain good outpatient tenure with adequate core acute hospital bed availability. The Las Vegas Valley can not continue to successfully support community mental health services with its present inpatient acute psychiatric facility.

☑ FACT 1

Nevada has fewer public psychiatric beds per capita than the surrounding states.

Discussion:

Nevada has fewer public psychiatric beds per 100,000 population than Oregon, Utah, Idaho, or California. Nevada ranks 43 nationally and is significantly lower than any of these states.

State Psychiatric Beds beginning 2002 NASMHPD¹ Research Institute

State	# of Adult Beds	Beds / 100,000	Beginning of year Census	Utilization / 100,000	Rank
Oregon	551	17.6	545	17.0	21
Utah	312	16.9	278	14.4	24
Idaho	180	14.8	146	12.5	29
California	4,267	12.6	4,074	12.3	31
NEVADA	126¹	6.0	121	5.7	43

¹ This figure does reflect bed reductions to 108 made later in FY2002

☑ FACT 2

Nevada spends much less than the national average on Mental Health including funding for hospital services.

Discussion:

- In 2001, the national per capita average of public mental health funding for inpatient psychiatric hospitals was \$25.62.
- Nevada ranked 43rd with a per capita spending for inpatient psychiatric hospitals of only \$15.49
- Nevada spends less per capita on Inpatient Hospital Services than Idaho, Utah, California, or Oregon.

Dollars Per Capita Spent on Inpatient Hospital Services NASMHPD Research Institute 2001

State	Rank	Dollars Spent Per Capita
NEVADA	43	\$15.49
Idaho	39	\$17.08
Utah	37	\$22.12
California	40	\$22.97
Oregon	27	\$34.43

☑ FACT 3

The emergency rooms in Las Vegas Valley are being overwhelmed by the number of psychiatric patients who are being held for extended times in emergency room facilities because there are insufficient Psychiatric Emergency Beds and Psychiatric Acute Care Beds at SNAMHS.

This decreases the ability of the emergency rooms to handle life threatening acute trauma cases and medical emergencies like heart attacks.

Discussion:

- In the last year, there have been several occasions when over 40 psychiatric patients have occupied emergency room beds while waiting transfer to SNAMHS on a legal hold because they met the legal criteria of being a danger to self or others.
- For the past 6 months there has been an average of 14 seriously mentally ill patients in the Clark County emergency rooms each day on a legal hold that have waited 49 hours (over 2 days) prior to transfer to SNAMHS because of insufficient hospital and observation beds.
- The following table gives the number of acutely suicidal and homicidal mentally ill patients that were kept in the emergency rooms and hospital beds per day since July 02 on a legal hold awaiting transfer to SNAMHS.

Average number per day of acutely suicidal or homicidal psychiatric patients on legal hold either in ER or hospital bed awaiting transfer to SNAMHS with average wait time.

	Emergency room	Inpatient bed ²	Total persons waiting in hospital	Average wait per person
July 02	16.3	3.2	19.5 / day	56.3 hours
August 02	16.2	7.5	23.7 / day	68.5 hours
Sept. 02*	11.2	4.6	15.8 / day	32.3 hours
October 02	16.2	4.0	20.2 / day	44.7 hours
Nov. 02	12.6	4.1	16.7 / day	36.0 hours
Dec. 02	14.6	4.8	19.4 / day	47.1 hours
January 03	14.9	3.7	18.6 / day	55.3 hours
AVG TOTAL	14.3	4.5	19.1 / day	48.6

*SNAMHS psychiatrist sent to UMC ER on a trial basis.

² This indicates number of individuals put into in-patient beds while awaiting transfer to SNAMHS hospital

☑ FACT 4

The total number of available psychiatric beds in the private community has dropped dramatically since 2000. There are insufficient private acute psychiatric beds in Las Vegas Valley to provide services to the people living there.

Discussion:

Since 2000, the ratio of private adult and geriatric psychiatric beds per 100,000 has dropped from 10.3 to 4.5.

Since 2000, the following acute adult psychiatric beds have been lost in Las Vegas Valley:

- Charter Hospital 80 beds
- Valley Hospital 10 beds Total of 90 beds lost

Currently there are only 58 acute private adult psychiatric beds and 12 geriatric beds in Clark County with a population of 1,550,000.

- MonteVista Hospital 36
- Lake Mead Hospital 22 58 acute adult beds
- Valley View Hospital 12 12 geriatric psychiatric beds

This has caused a 44% drop in available private adult psychiatric beds in less than 3 years.

The total number of available private psychiatric beds is 70³.

³ Does not include 14 beds at Veterans Hospital

☑ FACT 5

Las Vegas Valley is currently experiencing an extreme shortage of public psychiatric beds.

Discussion:

- In 1996, the National Center for Mental Health Services (CMHS) determined that the national average of state hospital psychiatric beds per 100,000 population was 33.
- In comparison, Clark County is seriously under-bedded with only 4.5 psychiatric beds per 100,000.
- To meet the national ratio of 33 psychiatric beds per 100,000, the new hospital would need to provide 511 beds.

Bed Capacity

	<u>FY02</u>	<u>FY03</u>	<u>FY04</u>	<u>FY05</u>	<u>FY06</u>
Total # Accute Beds	78	68	77	77	120
Total # POU Beds	10	20	26	26	30
Total	88	88	103	103	150
Total Increase	0	0	15	15	47
Ratio/100,000	4.5	4.5	5.1	5.1	8

☑ Fact 6

The current hospital has operated at capacity for many years and is incapable of meeting the demands for acute psychiatric care in Las Vegas Valley now and in the future with the continued major population growth.

Discussion:

As you can see from the tables below, the hospital has operated at capacity for several years.

- The first table below shows the average daily census at Southern Nevada Adult Mental Health Services (SNAMHS) Hospital since FY00.
- The second table shows rates of utilization of the SNAMHS Psychiatric Hospital beds since FY 00.
- The third table shows the average length of stay of patients in the SNAMHS Psychiatric Hospital since FY 00.
- The fourth table shows the dramatic increase in the number of patients admitted to the limited hospital beds since 1997.

Average Daily Census at SNAMHS

FY 00 78 beds	FY 01 78 beds	FY 02 68 beds*	FY 02 60 beds**	FY 03 60 beds**	FY 03 68 beds***YTD
69.5	67.9	74.3	58.6	60.3	63.9

* Funds shifted to the community to create 24/7 supervision in supported residential group homes to move 10 chronically hospitalized clients into the community.

** On May 20, 02, Emergency Observation beds were increased from 10 to 20 as a result of a community crisis created by the number of psychiatric patients being held in the emergency rooms because of lack of space in the State Hospital.

*** On September 16, 02, Inpatient beds were increased to 68 by rearranging nursing service coverage.

Bed Utilization at SNAMHS

FY 00 78 beds	FY 01 78 beds	FY 02 68 Beds*	FY 02 60 Beds**	FY 03 60 beds**	FY 03 68 beds***YTD
89%	87%	110%	95%	101%	94%

* Funds shifted to the community to create 24/7 supervision in supported residential group homes to move 10 chronically hospitalized clients into the community.

** On May 20, 02, Emergency Observation beds were increased from 10 to 20 because of a community needs.

Average Length of Stay at SNAMHS <90 days

FY 00 78 beds	FY 01 78 beds	FY 02* 68 Beds*	FY 02** 60 Beds**	FY 03** 60 beds**	FY 03 68 beds***YTD
15.2	15.2	16.7	19.6	17.4	17.7

* Funds shifted to the community to create 24/7 supervision in supported residential group homes to move 10 chronically hospitalized clients into the community.

** On May 20, 02, Emergency Observation beds were increased from 10 to 20 as a result of a community crisis created by the number of psychiatric patients being held in the emergency rooms because of lack of space in the State Hospital.

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Number of Inpatients Admitted to SNAMHS Hospital per Year

	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03 ⁴	FY04	FY05
Inpatient admissions	781	878	1043	1199	1360	1394	1576	1709	1842

⁴ FY03-05 Projections utilize authorized CLEO methodology

☑ FACT 7

The vision of MHDS is to support community based services and deinstitutionalization for psychiatric clients.

Discussion:

- The following table shows SNAMHS' strong continuing commitment to fund Community based services over the next biennium. It documents support of increased funding for community programs even after considering hospital based funding to increase inpatient beds to 77 and emergency service beds to 26 for a total bed capacity of 103.

**Percentage of Total Budget at SNAMHS
For Hospital and Community-Based Funding**

	FY03	FY 04	FY 05
Community	62.20%	67.86%	70.14%
Hospital	37.80%	32.14%	29.86%